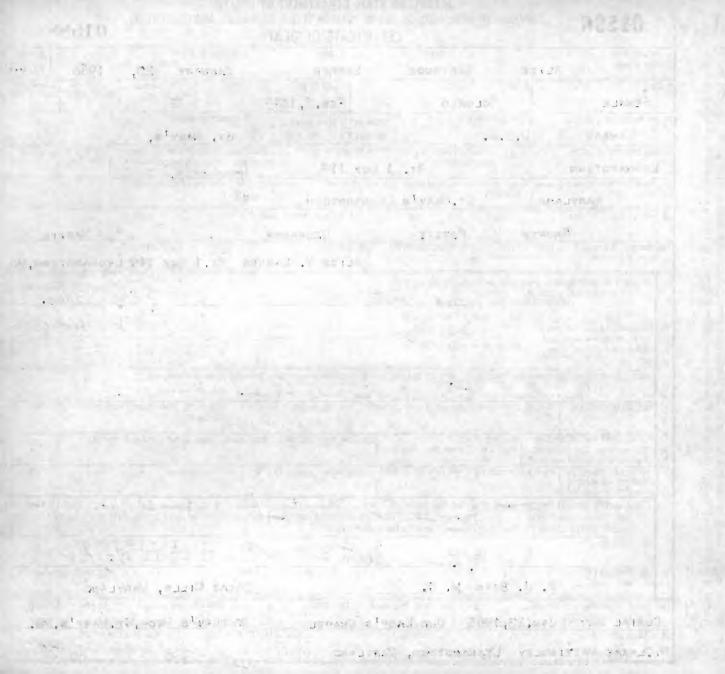
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01595 01587 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Permera Month HATTIE 011 968 ANDERSON JANUARY 3. SEX requires that the death certificate be executed within 24 haurs after 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. purial-transit permit. Then please remave carbon papers. Pages I burial, crematian, ar removal, and in any event, within 72 hours after in by The Pages lost birthday) MONTHS DAYS HOURS YRS FEMALE AUGUST 3. 1900 WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED (quntry) WIDOWED [DIVORCED [VIRGINIA U.S.A. ST. MARY 8 the attending physician and campletely filled sit permit. Then please remave carbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY ST. MARY S LEONARDTOWN HOSPITAL HOUSEWLEE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO RTE#1 Box 109A MARYLAND LEGNARDTOWN 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middie JAMES MONROE FREEMAN DELPHIE ADELINE MOORE 16b. SQCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, po, ar unknown) NERVICE E SEXTON BOX 106F APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove: rise to immediate cause (a). DUE TO, OR AS A CONSPONENCE OF stoting the underlying cause last. 4 2 71 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 40-THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4 may be retained by the haspital ar attending as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO Z directar, page 3 should be detached far use should be filed with the State Dept. of Health O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work causes stated above, (I) (we) (did) (did) 22b. SIGNATURE DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. O HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) PATRICK JARBOE. M.D. GREAT MILLS MARVI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) JAN. 18, 1968 EBENEZER CEMETERY GREAT MILLS, MARYLAND ADDRESS 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) -Witness By DATE JAN 3 0 W. CLARKE MATTINGLEY LEGNARDIOWN. MO.

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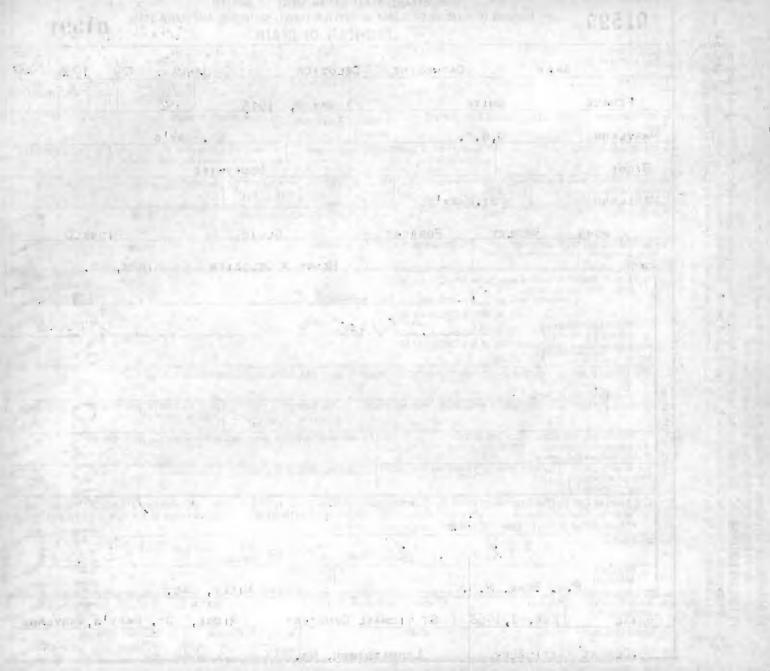


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I. DECEASED-NAME First (Type or print) GLABYS		Lost CRAVEN	JANUARY 100 DEATH	y 1968 2b. Hour
3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIRTH	6. AGE (In years logginhday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70. BIRTHPLACE (State or foreign country) BETTEREON, MD.	U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH ST. MARY 18	Md
10. CITY OR TOWN OF DEATH LEONARDTOWN,	give street oddress) ST.		AL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (Where deceosed odmission) STATE MARY LAND	ived, if institution: Residence before 13b. COUNTY ST. MARY S	13c. CITY OR TOWN 13d. INSIDE CITY IS CALIFORNIA YES N	13e. STREET AND NUMBER □ Bo× 259	
14. FATHER'S NAME First WILLIAM H.	Middle Lost WAREHAM	1s. MOTHER'S MAIDEN NAME	First Middle ANNIE CREW	lost
16a, WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (11 yes give war or			Address RST BOX 506 CALOF	FORNIA, MO
3248	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	3	4 mos
190. DATE OF OPERATION 19b. CON 190. DATE OF OPERATION 19b. CON 21d. ACCIDENT WAS UNDERLYING 19		YES NO 21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2,	
While Not while to twork of work of causes stoted above, (I 22b. SIGNATURE	CE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	DEGREE PHYS.	67, ta Janz & , 19 inion death occurred on the d	DATE SIGNED -29-68
	30,1968 CEDA	CEMETERY OR CREMATORY R HILL CEMETERY	23d. LOCATION (City or Town) SUITLAND, PRINCE	
24. FUNERAL DIRECTOR W. CLARKE MATTINGS	ADDRESS EY LEONARDTOWN.	LA XI	BY REGISTRAR 25b. REGISTRAR	S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01598 01590 CERTIFICATE OF DEATH DECEASED-NAME First Last 20. DATE OF DEATH 2b. HOUR (Type or print) JANUARY Month 5. Day 1968 EDWARD requires that the death certificate be executed within 24 haurs after deat CURTIE 3. SEX hours after 4 RACE S. DATE OF BIRTH IF UNCER 24 HPS IF UNDER 1 YEAR 6. AGE (In years last birthday) MARCH 17, 1897 NEGRO MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED TI NEVER MARRIED country) 2 WIDOWED T DIVORCED [MARYLAND ST. MARY S U.S.A. Filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) ST. MARY S HOSPITAL during most of working life, even if retired.) INDUSTRY W campletely LEGNARDTOWN 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 194 INSIGE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 🔽 crematian, ar remayal, and in any ev ST. MARY 18 CHAPTICO MARYLAND 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Lost and Last ROBE EDWARD CURTIS CECELIA OLIE physician 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) 215-18-0447 CHAPTICO. MARYLAND MRS NANCY GRAY CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, cremati Canditions, if ony, which gave > rise to immediate cause (a). DUF TO, OR AS A CONSFOLIENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🔽 TO HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 1965, to 5, 1965, that (I) (we) last saw the deceased alive an 1968, and that if (my) (our) opinion death occurred on the date and hour and from the Page 4 may be retained by couses stated above, (1) (we) (aid) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS LEONARDTOWN, MARYLAND D. Boyn M. D. NAME (Type) WILLIAM 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) BURIAL 0 JAN. 8. 1968 OUR LADY S CHAPEL MEDLEY'S NECK, ST. MARY'S, MD. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) W.CLARKE MATTINGLEY LEONARDTOWN. MARYLAND 30M REV, 1/68





MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 0.607 CERTIFICATE OF DEATH 01593 DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR First Middle (Type or print) 4.307 M BERTHA XXXXXX FRANCK JANUARY JANE burial-transit permit. Then please remove carban papers. Pages 1 burial, cremotian, or removal, and in ony event, within 72 hours after 4 RACE S. DATE OF BIRTH 6. AGE (In years IF HINDER 1 YEAR IF UNDER 24 HRS 3. SEX requires that the death certificate be executed within 24 hours after 10st birthdoy) MONTHS QAYS HOURS APRIL 17. XX1894 YRS FEMALE WHITE 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH To BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED completely filled in country WIDOWED TY DIVORCED [7] ST. MARY S U.S.A. 12g USUAL OCCUPATION (Kind of work done 30 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) INDUSTRY ST. MARY 'S HOSPITA LEGNARDTOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN NO 👿 13b. COUNTY MARYLAND ST. MARY S STAR ROUTE BOX 80 LEGNARDTOWN Middle pup 14 FATHER'S NAME Ferst Middle Last IS. MOTHER'S MAIDEN NAME First CATHERINE BISCOE JOHN WHEATLEY attending physician permit. Then please TOWN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) ()f ves give war or dates of service) MRS CALVIN T. ASELL STAR ROUTE BOX 80 LEONARD BETWEEN OWSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 2 deus signed by the attendii burial-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t rise to 'mmed ate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 45 × CERTIFICATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO 🔽 216 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M 21d INJURY OCCURRED (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote 21e PLACE OF INJURY City or Town County White Not while ot work 22a. I certify that (I) (this hospital) attended the deceased fram from 10, 1968, ta 23, 1968, that (I) (we) last saw the deceased alive on 23 165, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (I) (we) (did) (we) view the body ofter death. 22b. SIGNATURE 22c, DATE SIGNED ATTENDING TMED DIRECTOR DEGREE PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) P. J. BEAN M. D. GREAT MILLS, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230 BUR AL, CREMATION, 23b DATE BURIAL (Specify) ST MARY S MA RIDGE ST. MICHAELS MARYLAND 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Cleanson 1968 30M REV 1/68 W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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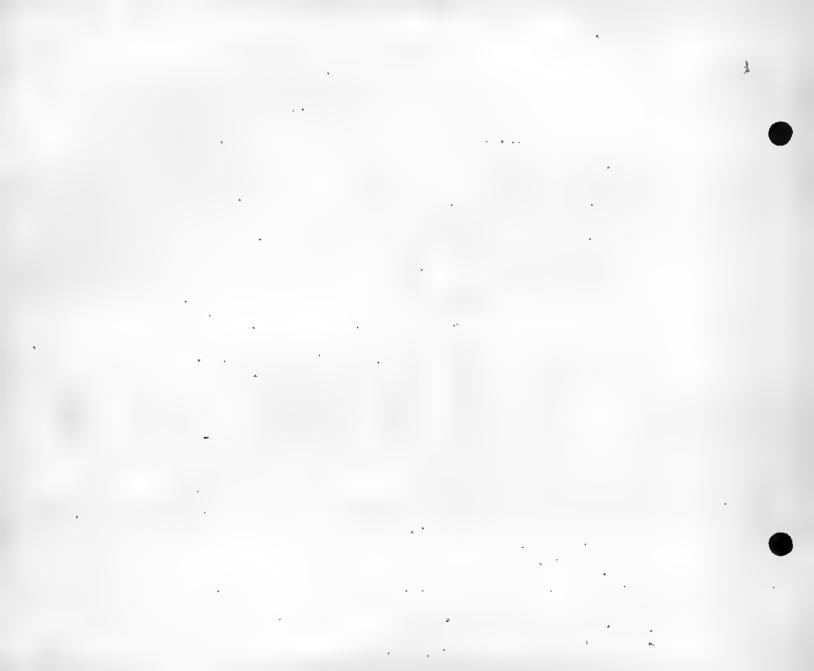
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	160	EDMOND WAS DECEASED EVER IN U.S. ARM	WELCH WED FORCES? 166 SOCIAL SECURITY		ELIA Address	SWANN
	Y		war or dates of service)	MR. ALBERT GOO		IN Md.
	H		dy one couse per line for (a) (b) and (c)		III. BEGINATORO	APPROX MATE INTERVAL
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3	E E			YES NO	-	
1.		21g. ACCIDENT WAS UNDERLYING	NG 21b. TIME OF INJURY TH HOUR A.M. Month Day Year		er nature af injury in Port 1 or Part 2, I	tem 18.)
	MEDICAL	or contributing cause of DEAT	ner) P.M 1	9]		
	W.	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D. No.	. City or Town	County State
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		22b. SIGNATURE ()			22c	DATE SIGNED
		John of	1. Lemmak	DEGREE PHYS	MED. STAFF DIRECTOR PHYS. /-	19.6 X
		22d. PHYSICIAN'S	TOTAL MANAGEMENT	22e. ADDRESS		
1			· TEENWICK M.D.OE L.		ILLS MARYLAND	
	230			CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
1	/			EPIS. CHURCH CEM.		MD.
9	24/	FLINERAL DIRECTORY - 12	ADDRESS ADDRESS	I A	BY REGISTRAR 256 REGISTRAR'S	siles Judge
	N_	JOHN M. WELCH	- LEONARDTOWN, MD.	DATE OF	20 1000	0 0 -



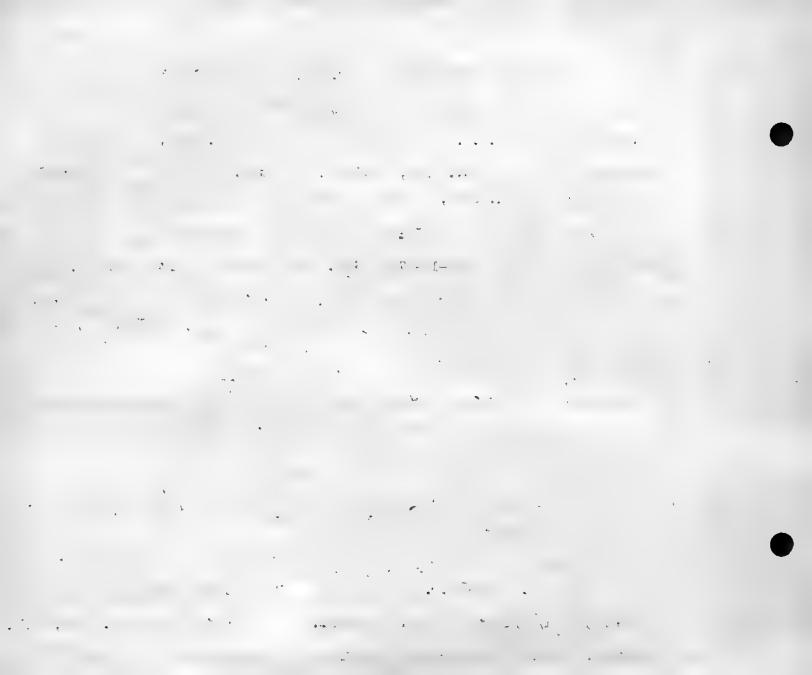


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or o		THOMAS		ACE		SUSANNE	G		DAY	Y
please please , and i	60. \	VAS DECEASED EVER IN U.S. ARM	LED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT			ddress		
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State Dept. of Health prior to	CERTIFICATION	90. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFOI			20b. 1F YES, WERE FI	NDINGS CONSI	DERED IN CER	ETIFYING
€ .		1 - ACCIDENT WAS UNDERLYSN	5 law was or we	16.0	YES	NO 🔀			10.1	
Health		To. ACCIDENT WAS UNDERLYIN TOR CONTRIBUTING [T] CAUSE OF DEAT		onth Doy Yeor	21c. HOW INJURY OCCUI	RRED (Enter note	ure of injury in Part 1 o	r Port 2, Item	18.]	
Dept. of		If either, notify medico, exoming 21d INJURY OCCURRED 21e	er) P.M.	19	1 015 105171011 5:	0.00.41	C' - T			Stote
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Sto	ľ	22a. I certify that (I) (thi saw the deceased al causes stated above	ive an	a the deceased 196	and that in (my	(aur) opinior	death occurred an	the date o	and haur c	and from th
should ith the	-	causes stated above	(I) (way (did) (did	nat) view the bad	ly after death.	, (,				
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ed v	1	*	1 Luy	our	DEGREE PHYS	DIRECT	OR PHYS L]		
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뿌흐므 시트		0.	ROY GUYTHE				ILLE, MARY			
) of 1 2	30	BUR AL CREMATION, 23b. I REMOVAL (Specify) J			ETERY OR CREMATORY		d LOCATION (City or To		County)	(State)
6. '				ADDRESS	GE'S EPIS. (CEM V 250. RECTURY RE		ST. M		MD.
A15 (4) REV 3768	1	JOHN N. VELCH	eleh	CONTRUCTOR	POT		1 5 1968	Clian	Can Que	dan
	1	JUNE 18 WHIGH	1 4 3 9	ALTIJA MILITARIA	- P.H.	UNIE	- U V V V	-		

MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 JI 505 01597 CERTIFICATE OF DEATH DECEASED-NAME M.ddle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month requires that the death certificate be executed within 24 hours after deap JANUARY 1968 CHARLES SOMERSET TAMMETT 6 AGE (In years last birthday) 3. SEX 4. RACE S DATE OF BIRTH IE LINDER YEAR IF UNDER 24 HRS MONTHS DAYS HÖURS" the attending physician and completely filled in by-the sit permit. Then please remave carbon papers. Pages 2/12/1889 78 MALE WHITE and in any event, within 72 haurs 7a. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) DIVORCED [U.S.A. WIDOWED [ST. MARY.S MARYLAND MARYLAND 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR INDUSTRY give street address)
ST. MARY.S HOSPITAL during most of working life, even if retired.) LEONARDTOWN RETTRED ENGINEMAN 13a LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER admission) MS/ARYLAND 13b. SOUNTY MARY . S YES [] NO. GREAT MILLS RURAL 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First M'ddle Middle DAVID HAMMETT COX HENERITTA 16b. SOCIAL SECURITY NO 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give wer or dates of service) Yes na, ar unknown) burial, crematian, ar remayal, GREAT MILLS Md 220-16-4786 MRS. APPROXIMATE WKRYAL 18. CAUSE OF DEATH (Enter only one cause per line for #6). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. (L.) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECEMBRITION CIVEN IN PART 1/01 has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 2Da. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO TT this certificate 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22a. I certify that (f) (this hospital) attempte don the date and hour and from the O FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED director, page 3 shauld be filed v DEGREE DIRECTOR PHYS. 22d. PHYSICIAN S 22a, ADDRESS NAME (Type) JARBOR M.D. GREAT MILLS MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATIO 23b, DATE (County) (State) 13/1968 HOLY FACE CEMM. GREAT MILLS ST. MARY.S ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI 30M REV 1/68 LEONARDTOWN MARYLAND

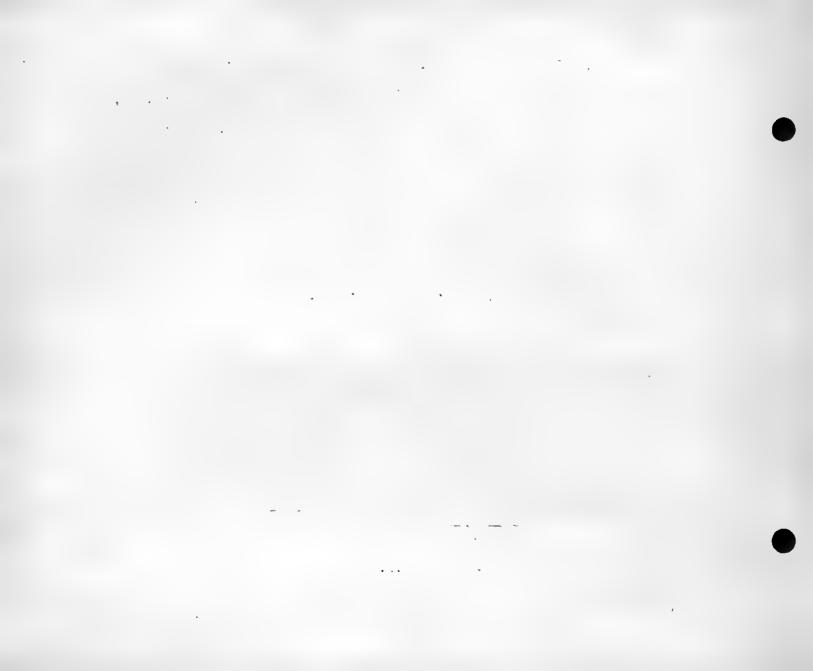


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01598 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Lost 2n. DATE OF DEATH 26 HOUR death. requires that the death certificate be executed within 24 haurs after death. and (Type or print) Month 2:35 Harris January 3. SEX 4 RACE IF LINDER 1 YEAR S DATE OF BIRTH 6. AGE (In years IE UNDER 24 HRS last birthday) DAYS HOURS Female. Negro January 1968 YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [] completely filled in burial, crematian, ar remaval, and in any event, within 72 fg Maryland WIDOWED [DIVORCED [St, Marvy's 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Leonardtown St. Mary's Hospital

13a USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13/ INSIDE CITY LIMITS? 13e. STREET AND NUMBER MARYLAND 135 COUNTY admission) STATE MECHANI CSVILLE NO 🗔 ST . MARY & 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First First Lost Middle Loretta Harris Marv Kev Edward Thomas 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address I (If yes give war or dates al service) Yes, no. or unknown) Mother Mechanicsville, Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RESPIRATORU 2HRS-35 MIN IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the a burial-transit pe Canditians, if any, which gave t HUDROCEPHALUS rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s for use as the b i Health priar tab BIFIDA 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? r this certificate has b detached for use as CAUSES OF DEATH? YES 🔲 NO D 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) directar, page 3 should be detached shauld be filed with the State Dept. of P.M. (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Mat white at wark O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from... sow the deceased olive on... and that in (my) (our) apinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22e. ADDRESS Mechanicsville, Mary Yand NAME (Type) William C. Mulford M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (Stote) (County) BUR AL (Specify) JAN. 5. 1968 ST. ALOYSIUS LEONARDTOWN ST. MARY 18 MARYL 250. KACNBY REGISTRA 968 24. FUNERAL DIRECTOR MALLINGLY Leonande Own, Maryian VR A15 [4] 30M REV, 1/68 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE

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1 1		DIVICION	MAKYLAND OF VITAL RECORDS, 30		KIMENI UP I		JD 21201	1-10,
FOR STATE		J 2 5 8 4	MEDICAL EXAM				01	599 5/34
BICALTIL DEBT		ECEASED NAME First			Last		DATE KNOWN Manth	Day Yeor 2b. HOURT
2, and 3 to 2. Person reportine to of the state of the st	(ype or Print) ALFRED	LE	WIS		LIPFORD		ary11,968 4:15M
d 3 d	3 5	X 4 RACE	S DATE OF BIRTH	6 AGE (In years last birthdov)	IF LINDER I YEAR ANDREHS DAYS	IF UNOER 24 HRS 20 HOURS MIR.	DATE PRONOUNCED DEAD	2d HOURP
ny delo 2, ond 2, ond PM3 PM3 Portme		ale Negro		64 YRS			Marth Jan. Dall,	Year 19 68 4:15m
e a - E	70. I		76 CITIZEN OF WHAT COUNTRY?		RIED NEVER MAR		Y OF DEATH Mary ¹ s	
ges n for ote		ITY OR TOWN OF DEATH	11 NAME OF HOSPITA				PATION (Kind of work done	12b KIND OF BUSINESS OR
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fter Glw ong ith th		USUAL RES DENCE (Where decease	ed lived, finstitution Residence			INSIDE CITY LIMITS? 13	e STREET AND NUMBER	1
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24 hours after in Item 18. Gran's Office along es Tand 2 with a stress offer death	14 5	ATHER'S NAME First	Middle	lest	15. MOTHER'S MAID	EN NAME First	Middle	Lost
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ithin encil mine pag			*ORCES? 16b. SOCIAL SEG war or dates of service)	CORTTNO	/ INPORMANI		ADDRESS	
INER: This certificate shauld be executed within 24 hours after death e certificate, writing the word "pending" in penal in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with formfiles. 3 should be used as a burial-transit permit file pages land 2 with the State Death notion, or removal, and in any event within 72 haurs ofter death		1B CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b)	and (c)	-	-		APPROX MATE INTERVAL BETWEEN ONSET AND OFATH
executed nd ng' . Medical permit nt within		DADT DEATH WAS CALLEED	BY TE CAUSE (0) Arterios		Cardioya	scular Di	sease	BETWEEN DRIED AND DEATH
exe end Me it pe		7104	DUE TO, OR AS A CONSEQU					
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writi arwal used mova	ATIO	19a DATE OF OPERATION	19b. COND TIO WAS PER	N FOR WHICH OPE	RATION			20 ALTOPSY?
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NER: The certification of the certification, or the certification of the certif		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING			Ic HOW INJURY OCC	URRED (Enter noture of	of injury in Port 1 or Port 2, h	tem 1B.)
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e F	P.M. PLACE OF INJURY (At home, form,	street 2	If LOCATION Street a	r R F O No	City or Town	County Stote
EXAM Lute thunge 4 your Your Poge ,			ctory, office building, etc.)				City of Town	3,012
ICAL EXAMINER: 9 execute the certifor. Page 4 should ed for your files. CTOR: Page 3 should burial, cremotion,			oak charge of the remains d	lescribed above	, held an Autac	osy x l Inspe	etion [], Inquiry [and in my apin on
tor. Tor. CTO		death resylted from.	_	Accident,		Homiade	Undetermined monner	
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y, peral peral prid		SIGNATURE	74/N	, C , T		STANT MEDICAL EXAMIL		SIGNED 12-68
o DEPUTY SICAL EN necessory, please executive function. Page 5 may be retained for DEUNERAL DIRECTOR: Health priar to burial,		EXAMINER'S WI NAME (Type)	erner U. Spitz	, M.D.		ITY MEDICAL EXAMINER RESS(Street, city, tawn		
TO DEPUT necessory the funer 5 may be TO FUNERA	230	BURIA. (REMATION) 23b	DATE 23c N	AME OF CEMETERY			OCATION (City or Town)	(County) (State)
A		REMOVAL (Specify)	1-24/68/0.	OF MO	Mt Sc	1+201 T	SALTIMOR	o. Md.
	24	FUNERAL DIRECTOR		ADDRESS		2Sa REC'D BY REGIST	0.00	SIGNATURE
VR A15ME (5)						DATE JAN 2 5	1968 Jelis	ula Judge



31603 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01600 DECEASED-NAME First Last 2ь. HOUR Middle 2a. DATE OF DEATH requires that the deoth certificate be executed within 24 hours after Teath. (Type or print) MCCULLY GEORGE YOUNG 1968 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years F UNDER 24 HRS in by Inlast birthday) MONTHS I DAYS Hours DEC. 11. 1893 WHITE MALE please remove corbon papers. Pag. 70. BIRTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X1 NEVER MARRIED WIDOWED [DIVORCED [77] U.S.A. ST. MARY'S MARYLAND signed by the attending physician ond completely filled buriol-transit permit. Then please remove corbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if refired)
ENGINIER give street address) INDUSTRY HOLLYWOOD 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE EXTY LUMITS? 13e STREET AND NUMBER 13P CD NATA MARYLA D NO 🔽 MARY'S HOLLYWOOD ROUTE 1 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Middle MCCULLY EDITH WATHEN GEORGE YOUNG 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT RT. 1 Address Yes no, or unknown) buriol, cremotion, or removol, 577-30-6302 HOLLYWOOD. MARYLAND EVA L. MCCULLY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: neinoma IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians of any, which gove) rise to mmed ote couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ficote has been s for use as the b f Health prior to b 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T4 this certificote 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b TIME OF INJURY Poge 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) Stote Dept. of P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a I certify that (I) (this hospital) attended the deceosed from 1967, ta 7, 1968, that (I) (we) lost saw the deceased alive an 1967 and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: A 22c DATE SIGNED. 22b. SIGNATURE **ATTENDING** director, poge 3 should be filed v DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type CHARLES GREEN WELL, M.D. LEONARDTOWN. MARYLAND 23d. LDCATION (City or Town) 23c. NAME DF CEMETERY DR CREMATORY 23o. BURIAL CREMATION 23b. DATE (Caunty) (State) BURIAL (Specify) 1-9-68 Colmor Manor, Md. CEMTERY FT. LINCOLN 24 FUNERAL DIRECTOR **ADDRESS** Lee Funeral Home 300-4th VR A15 (4) 30M REV. 1/68

MAKTLANU STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 51603 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01601 Item #13a,b & c infor, taken from 2b. HOUR P 1. DECEASED-NAME Lost 2a DATE OF DEATH (Type or pont) Month Year Gary Neil Miller 1968 6:45M Januarv signed by the attending physicion and completely filled in by the Lor buriol-trans t permit. Then pleose remove carbon papers. Pages I buriol, cremotion, or removol, and in any event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS White Male January 26 1968 13 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH within 24 hour 8. MARRIED NEVER MARRIED Maryland WIDOWED | St. Mary's DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY St. Mary's Hespital Leonardtown 130 JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN Ha 13 INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY YES NO Charlott. 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Miller Gary Neil Carol Lunne Rymshaw 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address I (If yes dive war or dates of service) Yes, no. or unknown) Charlotte Hall Maryland Mother 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) 36 lena. Conditions, if any, which gave t ase to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospitol or attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? has CAUSES OF DEATH? YES TX O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e PLACE OF INJURY City or Town County State While Not while at work 22a | certify that (1) (this hospital) attended the deceased fram 26 JAN , 1968, to 27 JAN , 1968, that (1) (ve) last saw the deceased alive an 27 JAN 1968, and that in (my) (ees) apinion death accurred on the date and hour and fram the couses stated above, (1) (we) (did) (did-not) view the bady after death. 22b SIGNATURE < 22c. DATE_SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN S 22a. ADDRESS NAME (Type) Mechanicsville, Maryland William C. Mulford M.D. 23b. DATE 23d. LOCATION (City or Town 230 DURIAL, CREMATION, 23e. NAME OF CEMETERY OR CREMATORY (County) (State) 250. REC D BY REGISTRAR Robinson's VR A15 M1



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AN: Il or cote ar u Heal		21 g. ACCIDENT WAS UNDERLYIN				OW INJURY OCCUI	RRED (Enter	nature of inju	iry in Part	1 or Port 2,	Item 18.)	
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by the fifter the be de Stote		220. I certify that (I) (th	is hospital) at	ended the deceas	ed from	my	196	/, to	1/1	5 . 19	hat that	(I) (Jual-losi
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has bell director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to		saw the deceased a	live an	1115	19 /a on	d that in (my)	(ont) obj	nign deoth	occurred	on the do	ate and hour o	nd from the
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OR be re 3 ed w			14	Acres	2 S DEG	ATTENDING PHYS	€ 8°	TRECTOR	STAFF PHYS.		1161	
TAL CAL C		22d PHYSICIAN'S NAME (Type)	(/ IES P. J/	ARBOE M.	D.	22e. ADDRE	ESS	COLAT	Mirro	· M	RYLAND	00
O HOSPITAL OR ATTENION Page 4 moy be retained O FUNERAL DIRECTOR: A director, page 3 should be filed with the	700			23c NAME OF		CDEMATORY		23d LOCATI		 	(County)	(Stote)
五 g G g g g g g g g g g g g g g g g g g	230	BURIAL, CREMATION, 23b. REMOVAL (Specify) BURIAL	í.	/		CEMETER	nv.		. ,	,	MARY S	, ,
⊢ ⊢ √		FUNERAL DIRECTOR	4N. 17. 19	ADDRESS		2	25a. REC'D B	Y REGISTRAR	2Sb.	REGISTRAR S	SIGNATURE	•
VR A15 (4) 30M REV, 1/68	W.	CLARKE MATTING	LEY LE	NARDTOWN,	MARYL	AND	DATE JAP	Y REGISTRAR 2 2 1	968	House	wells Jus	Figure .



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01603 DECEASED NAME First Middle Last 20 DATE OF DEATH 2b HOUR (Type or pnnt) requires that the death certificate be executed within 24 haurs after ded B:00A Thomas Janua 6, Joseph Russell signed by the attending physician and completely filled in by the fur burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (n years IF UNDER 24 HRS. lost birthday) White 6.1968 Male January 7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED country) United States DIVORCED St. Mary's Maryland WIDOWED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) (None Leonardtown None 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Russell.Jr Havden eonard Cecil Mary Agnes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address [III yes give war or dates of service] Yes, no, or unknown) Mother Hollywood, Maryland None 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove a rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) far use as the k Health priar tak has been 16 X CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190, DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🔲 O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year OR ATTENDING PHYSICIA directar, page 3 should be detached 1 should be filed with the State Dept. of (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive an.... and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Typle) Fenwick.M.D John Leonardtown. Maryland 23b. DATE 230 BLRIAL, CREMAT ON (County) (Stote) REMOVAL (Specyly) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATUR 30M REV 1/68

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	ID STATE DEPARTMENT OF HEALT AND RECORDS, 301 W. PRESTON STREE	
00010	ERTIFICATE OF DEATH	01604
1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if dutside corporate limits, c. Let	2. USUAL RESIDENCE (Where de a. STATE Manylana	ceased lived, if institution: Residence before admission) b. COUNTY St. Mary 5
write RURAL and give nearest town)	Hollywood	porate limits, write RURAL and give nearest town)
d. NAME OPHOSPITAL DR INSTITUTION (If not in hospital, St. Maru's Co. Hago	give street address) d. STREET ADDRESS	0. IS RESIDENCE ON A FARM? YES ND
3. NAME OF FIRST DECEASED (Type or print) 5. SEX 6. CDLDR DR RACE 7. MARRIED NE	Middle Last 4. DATE OF BIRTH 9.	CHIMING - CO
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF INDUSTR	Kithuania	O THE YES. To foreign country) 12. CITIZEN DF WHAT COUNTRY? L.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME MICHLA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unbown) (Offyes give war or dates of service) 2.17-3	SECURITYND. 17. INFORMANT 2-1044	Address
d. NAME OPHOSPITAL DR ENSTITUTION (if not in hospital, The pockased of pockased (Type or print) 3. NAME OF DECEASED (Type or print) 5. SEX G. COLDR DR RACE (T. MARRIED NEW IDOWED) 1Da. USUAL DCCUPATION (Give kind of work done ducing most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unlown) (Iffyes give war or dates of service) 2 17 - 3 18. CAUSE OF DEATH (Enter only one cause per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. Cenditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTR	eralized enteriose	CICENT INTERVAL BETWEEN DISET AND DEATH
gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CO		ASCUI)
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 1	5 - dissels	PERFORMED? YES ND ND
2Da. ACCIDENT WAS UNDERLYING CODE. DESCRIBED D	BE HOW INJURY OCCURRED. (Enter nature of injury in P	
By 20c. TIME DF INJURY Month, Day, Year 20d. INJURY Hour a.m. While No p.m. 19 at work a	CCURRED 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.)	(City or town) (County) (State)
21. I certify that (I) (this hospital) attended the saw the deceased alive on 222. SIGNATURE	19 and that death occurred at 2 M, fr	om the causes and on the date stated above
22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS.
Burial Jan. 2, 1968	Mt. Lebanon Cemetery Hyd	OCATION (City, town or county) (State) Ittsville, Maryland.
24. FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial Funeral Home	ADDRESS 232 Carroll 3A NREC'D AY ASS St., N.W., Wash., D. GATE	STRAR PROCEEDS PAR JUSTINATURE
/65		



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	ł	71710	NIAISIOM	OF VITAL RECORDS,				MUKE, MAK	TLAND 21201	0.00	
P				CERTIFICATE O						01605	
를 <u>들</u> 일을		ECEASED NAME First (ype or print)		Middle		Last		2a. DATE OF	DEATH Month Dos	/ Voor	2b HOUR
e d a s		Joe	EPH	XAVIER		STONE		JANUAR	21,	1968 ear	W
± \972	3. SI	X	4. RACE			S. DATE OF BI	RTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		MALE		WHITE		FEB.26	5,1928		last birthday) 39 YRS.	MONTHS DATS	HOURS MIN.
20 00			b. CITIZEN O	F WHAT COUNTRY?	8 MARRIED	NEVER MAR	RIED 9	9. COUNTY OF	DEATH		
d in Sers	CORI	MARYLAND	U.8	6.A.	WIDOWED		CED 🗀	Sı	. MARY IS		Md.
2 2	10 (ITY OR TOWN OF DEATH		T NAME OF HOSPITAL OR INS	TITUTION (If a	ot in hosp tol	12o. USUAT	CCUPATION	(Kind of work done	12b. KIND OF E	BUSINESS OR
id five with		LEONARDTOWN,	!	give street oudress) ST .1	MARY 18	Hospin	AL ME	st of working I	ife, even if retired.)	SAND 8	& GRAVEL
ecuted with completely ove corbany y event, wif	130	DOUBL DECEDENCE (193 J	lived, if ins	stitution: Residence before	13c. CITY OR	TOWN	13d INSIDE CITY LIM		EET AND NUMBER		
omp ve eve	adm	ission) STATE MARYLAND	13b COUN	ST. MARY S	HOLLY	GOOW	YES NO	₩ Bo	x 281		
e execut ond com remove	14	ATHER S NAME First	Midd				AIDEN NAME Fir		Middle		Last
icote be executed sicion and complet please remove cor l', and in any event.		JOHN DA	VID	STONE			Luc	ILLE		Goldsbor	OHOM
icote bu sician (please please il, and ii	16g	WAS DECEASED EVER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY N	10 17 1	NFORMANT	<u> </u>	t to to be	Address	JOEDBOOK	TOUGH
nysia ol, o	ľ	es, no, or unknown) (If yes give war YES	er dates of service	213 22 11	01 EL	1ZABETH	ANN S	TONE E	30x 281 Ho	LLYWOOD.	Mo
e deoth certificote b attending physician permit. Then please on, or removol, and		18 CAUSE OF DEATH (Enter only	ODE COURS D	or line for (a) (b) and (c)					1	APPROXIM	ATE INTERVAL
€ ₩ ₩ ₩		PART I. DEATH WAS CAUSED	BY:		0 1	CD 11	2	A	Luxin	BETWEEN ON	ISET AND DEATH
dec frmi ', of		IMMEDIAT	CAUSE (a)	1 ca	San Comment	-0100	<u> </u>	Cicic	10300		1,12
the a		Canditians, if any, which gave	DUE 10,	OR AS A CONSEQUENCE OF	\		, 0		0504	10	
the last nation of the last nati		rise ta immediate cause (a).	(b).	OD AS A CONSCOURNER OF	7	Ora	4 2 C	2001	03.07	1.0	4.
# See and party	L	stating the underlying couse	DUE 10,	OR AS A CONSEQUENCE OF							
quires that th physicion. signed by the buriol fransit p		PART 2 OTHER SIGNIFICANT COND	(C)	DIBLITING TO DEATH/DUT NO	T DELATED TO	THE TERMINA	DISTACT ORCO	MIDITION CIVEN	IN DART 1/a)		
PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death he hospital or attending physician. The hospital ond completely fried in by the transity permit. Then please remove corban papers. Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 bours after death		A /A MA	THORS COM	KIBUTING TO DEATTY BUT NO	N KEURIEU II	P A	L DISTASE OKCO	JNUTTION GIVEN	IN PAKE I(Q)		
din din	NO.	19g. DATE OF OPERATION 119b. CO	INDITION FOR	WHICH OPERATION WAS PE	EOD MED	20a, AUTO	DCV2	206 16	YES, WERE FINDINGS C	OMCIDEDED IN CE	DTIEVING
os h nest nest nest nest prii	CERTIFICATION	TOU. DATE OF OFERAINON	MUNICHTON	WINCIPOLEKATION WAS I'L	OKNILD	YES T	NO 🗆	CAUSES	OF DEATH?	ONSIDERED IN CE	KIII TINO
E s d s d X	ERTI	21a ACCIDENT WAS UNDERLYING	[915 TIA	AE OF INJURY	216 4/				y in Part 1 or Port 2,	Itam 101	
He He		OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A		ZIC. H	טאי ואטטאז טננ	UKKED (Enter	nature at injur	y in Part I of Port 2,	nem 16.)	
Spir spir spir spir spir spir spir spir s	■EDICAL	(If either, notify medical examine	r) F	P.M. 15			. 0.50 11	#+·			
be pt	LT.	21d INJURY OCCURRED 21e. P	LACE OF INJU	IRY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10k1,] 211. LC	OCATION Stree	torRED Na.	City	or Town	County	State
NING PHYSIC by the hospit ffer this certi be detached State Dept. of		While Not while at wark									111 /
ATTENDING etained by th CTOR: After i should be d		22a. I certify that (I) (this saw the deceased all	haspital)	attended the idecease	d fram	d that in (m	, 19 <u></u>	, ta	ccurred an the do	<u>G</u> L, that	(I) (We) last
R: 4		causes stated above,	(I) Liver (c	lid) (did nat) view the	nodý after	a mai in jiir death.	y) (our) apin	nan deam a	ccurred an the ac	re and naur o	ina tram the
ATT of short		22b. SIGNATURE	100	7)	/				22c	DATE SIGNED	
OR be re 3 ed w		Len	()	Dern	DEGR	ATTENDIN REE PHYS	IG I ME	RECTOR	STAFF PHYS.		
L D D D D D D D D D D D D D D D D D D D		22d. PHYSICIAN'S				22e. ADD			11110		
PITA BRA Pir, P		NAME (Type) LEON B	ERUSE	M. D.			MECH	HAN1 CSV	ILLE, MARY	LAND	
Poge 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal	23a	BURIAL, CREMATION, 23b. D/	TE	23c NAME DF	EMETERY DR	CREMATORY		23d. LOCATID	N (City or Town)	(County)	(State)
P og o sign	В	DEMOVAL (Credibal	v. 24, 1		HN CEI			HOLLY		1 17	
		FUNERAL DIRECTOR		ADDRESS	1114 0/6/1		2Sa. REC'D BY		25b. REGISTRAR S	SIGNATURE	WARYLAN
VR A15 (4) 30M REV. 1/68	W	CLARKE MATTING	EV I	FONARDTOWN	MARKE	6.810	DATE		and mel	anles for	wigh.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01 314 CERTIFICATE OF DEATH 01606Lost 2n. DATE OF DEATH 1. DECEASED-NAME First Middle 2b. HOUR JANUARY Month 23 Doy (Type or print) 1968 EVA KEMP THOMAS 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. oan papers. Pages I within 72 haurs after 3. SEX 6. AGE (In veors last birthdoy) HOURS AUGUST 4.1896 requires that the death certificate be executed within 24 haurs aft FEMALE COLORED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) ST. MARY S U.S.A. GEORGIA DIVORCED [WIDOWED 5 completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR give street oddress)ST S HOSP (TAduring most of working life, even if retired) INDUSTRY LEGNARDTOWN burial, crematian, or remaval, and in any event, 13d. INSIDE CITY CIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 136 COUNTYST. MARY S LEXINGTON PKES NO 😾 Box 31B2 ROUTE 1 IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Middle puo SHELLEY WILLIAM J. WALKER MATILDA 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) MARY E. HARRIS RT1 Box 31B2 LEXINGTON PARK. MD 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART !(o) has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta -LEUX 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20n. AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES -NO [FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TO HOSPITAL OR ATTENDING PHYSICIAN: 216 TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (I) (this hos much attended the deceased from... . 19....... ta be retained by saw the deceased alive an Hem 2-3 __1864, and that in (my)-(euc) opinion death/occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) WILLIAM H. PATRICK LEXINGTON PARK. MARYLAND M. D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23h, DATE (County) (Stote) 230 BURIAL CREMATION BURIAL (Specify) MEMORIAL CEMETERY JAN. 27. 1968 XXMKKK TAMPA HILLSBORD FLORID 2So. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Cliantes Judge DATE JAN 2 6 1968 30M REV 1/68 W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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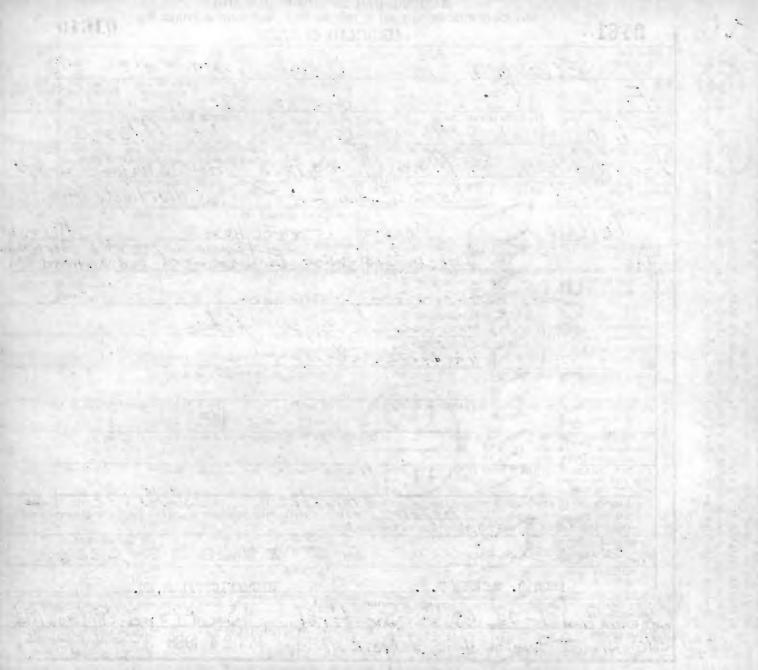
	MARYLAND STATE DEPARTMENT OF HEALTH THE STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01	608
HEALTH DEPT,	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	
S 5 5	(Type or Print) VICTOR ELMER WATHEN DEATH MATED JAN. 23	3, 1968 M
The second second	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years F NDER YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month DAYS	2d HOUR
Manual Ma	MALE WHITE Aug. 2, 1893 74 YRS JAN. 23,	Yeor 19 68 M
Dep 3.	70. BIRTHPLACE (Stote of foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DEATH COUNTRY) WAS SHARE TON D. C. 11.5. A. WIDOWED DIVORCED ST. MARY 8	
ges far ate	involution bios occurre	Md B KIND OF BUSINESS OR
haurs after death any detay litem 18. Give Pages 1, 2 and 3 Office along with farm PMS-Pages 1, 2 and 3 and 2 with the State Department after death.		DUSTRY
s after 18. Giv alang with the	130. USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 kg	odmission) STATE MD 13b. COUNTY ST. MARY 8 LEONARDTOWN YESXX NO . RT 2 Box 12	
hours after 18. Giron Office along 1 and 2 with after death.	14 EATHER'S NAME First Middle Lost 15 MOTHER'S MA DEN NAME First Middle	Lost
24 lin	HAYDEN ALEXANDER WATHER TRENE	Тномрвои
within 24 pencil in xaminers ile pages 72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give you or dates of service) 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
xar Na Xar	VEB WWI WI LOLA B. WATHEN RT.2 Box 12 LEONARD	APPROXIMATE HIERVAL
be executed "pending" in nief Medical E ansit permit. F event within	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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rauld be executed ward "pending" if the Chief Medical rial-transit permit.	Conditions, if ony, which gave)	10 Wear
shauld be e ne ward "per a the Chief I burial-transit I in any ever	rse to immed of the couse (a). Stoting the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF	
shar e we in a	lost (c)	
ng d t t	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffica ifing ardec d as a. a	5 1.	
INER: This certificate, writing should be farwar filles. 3 should be used nation, ar remava	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	20. AUTOPSY?
certificate, and be fares. es. chould be to the fares.	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES NO 🔀
	FRIMARY OR CONTRIBUTING HOUR A.M	10)
Shares share a		County State
STCAL EXAMINER: te execute the certicator. Page 4 shauld and far your files. Ted far your files. ECTOR: Page 3 shou	WHILE NOT WHILE factory, office building, etc.)	
CAL EXA execute or. Page d far you TOR: Page	22a. I certify that I taak charge of the remains described above, held an Autopsy , inspection 💢, inquiry 💢,	and in my ap nran
CO to	death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🧻 Hamicide 🗍 Undetermined manner	
please er director. DIRECTOR DIREC	CHIEF MEDICAL EXAMINER	
IIY BICTORY, please eral director be retained RAL DIRECTORY Prior to bu	ACTUAL SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 226 DATE SIG	NED / C/
	EXAMINER'S NAME (Type) WILLIAM D. BOYD M. D. DEPUTY MEDICAL EXAM.NER (X) ADDRESS (Street, city, town, or county)	- 25-68
o DEPuncesson the function of FUNE		ounty) (Stote)
=	BURIAL JAN.27,1968 ST. ALOYSIUS LEONARDTOWN, ST.M.	
4,	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
VR ATSME (5)	W CLARKE MATTINGLEY LEGNABOTOWN MARYLAND DATE JAN 2 6 1968 IChar	les Judge

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1 1		MARYLAND STATE DEPARTMENT OF HEALTH J. J. J. J. J. J. J. J. J. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STATE			1609							
HEALTH DEPT.	1 D	ELEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 2b HOUR							
any deloy is 2, and 3 to PM3. Poge payment of		WAYNE JOSEPH WATTENBACH DEATH MATED JAN.	23 1968 M							
P. S.	3 S	lost buthday) MONTHS DAYS MOURS MAIN As II.	Year 2d. HOUR							
P. O.	7.	MALE WHITE 12/10/1943 24 YRS JAN 23	1968 M							
- E ä	COUN									
death with for		THE OF HOSPITAL OR INSTITUTION (If not in hospital 1/20, USUAL OCCUPATION (Kind of work done 1)	2b K ND OF BUSINESS OR							
			NDUSTRY AIRCRAFT							
after d 8 Give atong w w th th	130	USUAL RESIDENCE (Where deceased lead of institution Residence before 13c CITY OR TOWN 3d INSIDE CITY - M IS? 13e STREET AND NUMBER	ALROIAFI							
18 oct 18 ce oct 18 w 12 w		tm ssion) STATE MD. 13b (OJNTYST. MARYS CALIFORNIA YES NO X RURAL								
hin 24 hours afte nal in Item 18 Gi n ner's Office alon pages 1 and 2 w th hours after death	14. F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last							
hin 24 ncil in n ner s poges hours	160	HOWARD WATTENBACH MARGARET NAS DECEASED EVER IN U.S. ARMED FORCES? 1665 SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDRESS	JENNY							
iffirm encil encil	(1)	es. no. or unknown) (files give wer or dates of service)	TEXAL LET CI							
should be executed wir ne word "pending" in pe to the Chief Medical Exor burial-transit permit. File I in any event within 72		1970 TE OCTO 1 MAIN DIVORD TORRING HOME TITHER	APPROXIMATE INTERVAL							
cute ng" dical rmit.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) INTRA CRANIAL TRAUMA	BETWEEN ONSEY AND DEATH							
exemplification with the state of the state		DUE TO, OR AS A CONSEQUENCE OF								
be hief		Canditions, if any, which gove inse to immediate cause (a). (b)								
ould vord he C ial-tr any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF								
sh he v		last (c)								
JIY DICAL EXAMINER: This certificate should be executed within 24 hours after death ry, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Bage eral director Page 4 should be forwarded to the Chief Medical Examiners Office along with be retained for your files. RAL DIRECTOR:Page 3 should be used as a build-transit permit. File pages land 2 with the Stapping for to buriol, cremation, or removal, and in any event within 72 hours after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)								
certif , writi orwon used moval	AT ON	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?							
nis control to the properties of the properties	CERTIF CAT	WAS PERFORMED?	YES NO							
MINER: This of the certificate, 4 should be four files. e 3 should be use 3 should be use 7 should be use 1 s		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY DECURRED (Enter nature of injury in Part 1 or Part 2, Item	18)							
INER: e cert shoul files. 3 shou	EDICA.	CAUSE OF DEATH 10:05 MP.M. 1/28/68 AUTO OVER TURNED								
	-	went foctory_ affice building, etc.)	County State							
DEPUTY DICAL EXAMINER: cessory, please execute the cert e funeral director Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremotion.		220 certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X,								
CAL exe or l cros		death resulted from Notural couses , Accident , Suicide , Homicide , Undetermined manner	, ,							
ITY DIC. 17, please e erol director be retained RAL DIRECT prior to bu		CHIEF MEDICAL EXAMINER	_							
ry plus		SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SI								
SSON UNER NER		EXAMINER'S DEPUTY MEDICAL EXAMINER 1/24								
necessory, particular function of the function	220	NAME (Type) WM. D. BOYD M.D. ADDRESS(Street, city, town, or county) LEONARDTO BURIAL, CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (City or Town)								
2 2 -	230	THANSITY 1/24/68 MILWAUKEE, WISC								
	124	EURERAL DIRECTORY VO P. LE ADDRESS 250 RECD BY REGISTRAR 250 REGISTRAR 5 SIG	GNATURE							
VR A15ME 5) 10M REV 1768	9	JOHN M. WELCH - LEONARDTOWN, MARYLAND DATE JAN 26 1968 Action	la Oudan							
0			00							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01618 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH Lost 2b. HOUR haurs after death a)27% (Type or print) Manth 2/ Day Year / S. DATE OF BIRTH 6. AGE (In years SE UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX DAYS last birthday) HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TI NEVER MARRIED DIVORCED 24 12g. USUAL OCCUPATION (Kind of work done CITY OR TOWN OF DEATH OR INSTITUTION of pot in haspital 1/2b. KIND OF BUSINESS OR The law requires that the death certificate be executed within during most of warking life, even if retired.) INDUSTRY please remove carbon and campletely 02 ar remaval, and in any event, 13o. USUAL RESIDENCE (Where decrosed lived, if institution: Residence before 13d, INSIDE CITY LUMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First 3m HORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes you of unknown) | (If yes give war or dates of ser 16b. SOCIAL SECURITY NO Address Ludian 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, Conditions, if any, which gove; burial-transit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the haspital or attending physician. stating the underlying cause burial. 2/2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(a) for use as the ould be detached far use as the the State Dept. of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO -YES 🖂 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21s. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Tawn County While Not while at wark 220. I certify that (1) (this haspital) attended the deceosed from 10/25/67, 19 68, 1968 3 should be and that in (my/(our) apinion death accurred on the date and hour and from the 20 saw the deceosed alive on_ couses stoted above, (1) (we) (did) (did not) view the body ofter death with 22b. SIGNATURE 22c. DATE SIGNED STAFF ATTENDING X DEGREE DIRECTOR PHYS. director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LEON W. BERUBE M.D. MECHANICSVILLE, MD 23b. DATE HAME OF FEMETERY OR CREMATORY LOCATION (City or Town) (State) 23a: BURIAL, CREMATION REMOVAL (Specify) RMA 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0161120. DATE OF DEATH 2b. HOURM First Middle Lost 1. DECEASED-NAME (Type or print) William Zellers.Jr. January Augustus 6. AGE (In years IF UNDER I YEAR S. DATE OF BIRTH 3. SEX 4. RACE hours after lost-birthdoy) DAYS 5-27-02 White YRS. Male 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED [X] NEVER MARRIED country) St. Mary's United States WIDOWED DIVORCED [Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Leonardtown Hospita and complete burial, cremotion, or removal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER remove cor requires that the death certificate be executed Maryland 3b. COUNTYSt. Mary's Avenue NO 🔀 Box 26 Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Edwards Zellers, Sr. William Hattie Augustus 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no. or unknown) (If yes give wor or dates of service) Hospital Record APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
1MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INVESTIGAT Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to for use os the 20b. A YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES 🖂 NO -216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) detorhed 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while ot work of work 22a. I certify that (I) (this trospital) attended the deceased from 1965, and that in (my) (22) opinion death accorded on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22h SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Mills. Mary Great Pand Jarbøe, James 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL CREMATIO 1-13-68 298 GREENE ST., BALTIMORE, MO. ANATOMY, BOARD 24. FUNERAL DIRECTOR Mattingley's Funeral Home, Leonardtown 30M REV. 1/68 DATE

MAKILAND STATE DEPARTMENT OF HEALTH